


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000038626 1. Entity Name THREE RIVERS CRANE SERVICE, INC.	
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Principal Place of Business 1043 ST. ROSE ROAD GRAND RIDGE, FL 32442	Mailing Address 1043 ST. ROSE ROAD GRAND RIDGE, FL 32442
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02282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3638054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKS, KENNETH  
 FITZGERALD & BROOKS, P.A.  
 6839 CAROLINE STREET  
 MILTON, FL 32570

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OUTLAW, RICHARD P 1043 ST. ROSE ROAD GRAND RIDGE, FL 32442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OUTLAW, LYNN G 1043 ST. ROSE ROAD GRAND RIDGE, FL 32442
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100000476492  
 04/06/06-80012-023 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn G. Outlaw Pres. Lynn G. Outlaw 3-20-06 850-592-4442  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #